

CUYAHOGA COUNTY JUVENILE COURT
CLEVELAND MUNICIPAL COURT
CUYAHOGA COUNTY, OHIO
STATE OF OHIO

TICKET # 2239792

CLEVELAND
☒ City ☐ Village ☐ Township

NAME Zachary Reed
STREET 3734 E 149
CITY, STATE Cleveland, OH

ZIP 44120

OPERATOR LICENSE / STATE ID#		BIRTH DATE		ISSUE DATE		STATE	
R0032237		4-1-61		3-30-09		OH	
CLASS	EXPIRES	ENDORSEMENT(S)/RESTRICTION(S)		SS# (last 4 digits)			
A	4-1-15	<input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> Other					
SEX	HEIGHT	WEIGHT	EYES	HAIR	RACE	FINANCIAL RESPONSIBILITY PROOF?	
M	602	190	BRO	BLK	B	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
* If no OH State ID, REQUIRED documentation attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

TO DEFENDANT: COMPLAINT ON 3-5, 2013 AT 0140 P.M. (M.P.)
☒ Operated/Passenger/Parked/Walked a ☒ Passenger ☐ Motorcycle ☐ Bicycle ☐ Other
☐ Commercial DOT# ☐ ≥26,001 lbs. ☐ <16 Pass. Bus ☐ ≥16 Pass. Bus ☐ Haz. Mat.
VEHICLE: YEAR 2008 MAKE BMW MODEL 4S
COLOR Grey LICENSE # FGB1680 STATE OH
UPON A PUBLIC HIGHWAY, NAMELY E9
AT/NEAR St. Clair
IN THE CITY OF CLEVELAND IN CUYAHOGA
COUNTY (NO.), 18 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

<input type="checkbox"/> SPEED: _____ MPH in _____ MPH zone <input type="checkbox"/> Over limits <input type="checkbox"/> Unsafe for conditions <input type="checkbox"/> ACDA <input type="checkbox"/> Radar <input type="checkbox"/> Air <input type="checkbox"/> VASCAR <input type="checkbox"/> Pace <input type="checkbox"/> Laser <input type="checkbox"/> Stationary <input type="checkbox"/> Moving	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input checked="" type="checkbox"/> OVI: <input type="checkbox"/> Under the influence of alcohol/drug of abuse. <input type="checkbox"/> Prohibited blood alcohol concentration. _____ BAC <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Refused Prior OVIs: # of prior OVIs _____ Years of prior OVIs _____	<input type="checkbox"/> ORC <input checked="" type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input checked="" type="checkbox"/> DRIVER LICENSE: <input type="checkbox"/> None <input type="checkbox"/> Not on person <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended EXPIRED: <input type="checkbox"/> <6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Failure to Reinstatement Suspended: <input checked="" type="checkbox"/> None <input type="checkbox"/> Working Light, responsible	<input type="checkbox"/> ORC <input checked="" type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> SAFETY SEAT: <input type="checkbox"/> Failure to wear <input type="checkbox"/> Improper wear <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input checked="" type="checkbox"/> OTHER OFFENSE: <u>Turning Position: none</u>	<input type="checkbox"/> ORC <input checked="" type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input checked="" type="checkbox"/> OTHER OFFENSE: <u>Change of course</u>	<input type="checkbox"/> ORC <input checked="" type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE OFFENDER	
PAVEMENT: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice # of Lanes _____ <input type="checkbox"/> Construction Zone	
VISIBILITY: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Night <input type="checkbox"/> Dawn	
WEATHER: <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input checked="" type="checkbox"/> No Adverse	
TRAFFIC: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> None	
AREA: <input checked="" type="checkbox"/> Business <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> Industry <input type="checkbox"/> School <input type="checkbox"/> Freeway	
CRASH: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Almost Caused <input type="checkbox"/> Non-Injury <input type="checkbox"/> Injury <input type="checkbox"/> Fatal	
Crash Report Number: _____	
REMARKS: _____	
ACCOMPANYING CRIMINAL CHARGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TOTAL # OFFENSES 4	

TO DEFENDANT: SUMMONS PERSONAL APPEARANCE REQUIRED ☐ Yes ☒ No

YOU ARE SUMMONED AND ORDERED TO APPEAR AT:
☐ Cleveland Municipal Court
1200 Ontario Street Level 3 Justice Center
Cleveland, Ohio 44115
☐ Cuyahoga County Juvenile Court
1910 Carnegie Avenue
Cleveland, Ohio 44115

The issuing/charging law enforcement officer states under the penalties of perjury and falsification that he/she has read the above complaint and that it is true.

Issuing/Charging Law Enforcement Officer
am Ebtter

Issuing Officer: Verify address. If different from license address, write present address in space provided.

COURT DATE		TIME	
20		A.M.	
MONTH	DAY	P.M.	
IF YOU FAIL TO APPEAR AS DIRECTED ABOVE YOU MAY BE ARRESTED.			
This summons served personally on the defendant on 3-5, 2013			
BADGE #	RMS #	UNIT	DISTRICT
101	P104	9626	D50

PRESENT ADDRESS

SAME

SIGNATURE X

Booked At CMA CO. RES. 18

PHONE

(Refused)

COURT RECORD